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| Pitney Bowes In Intellectual Prope 35 Waterview Dr | | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmistal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated between the Company of the Com | | | | | |
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| | | | L | | | | (Date) |
| APPLICATION NO. FILING DATE | | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. | | CONFIRMATION NO. |
| 10/737,006 | 12/16/2003 | Judith D. Auslander | fudith D. Auslander F-755 4539 | | | | |
| IIILE OF INVENTION: | SYSTEM AND MET | HOD FOR EMBEDDING | AND EXTRACTING KI | | | * | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE | FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | NO | \$1440 | \$300 | \$0 | | \$1740 | 04/10/2008 |
| EXAMINER ART UNIT | | ART UNIT | CLASS-SUBCLASS |] | | | |
| ROGERS, SCOTT A 2625 | | | 358-001900 | | | | |
| I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.503) Change of correspondence address (or Change of Correspondence Address form PTOSFR); indication (or "Fee Address" indication (or "Fee Address" Indication form PTOSFR/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attomeys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attomey or agent) and the names of up to 2 registered patent attomeys or agents. If no name is listed, no name will be printed. | | | | |
| | ss an assignee is ident in 37 CFR 3.11. Comp | | THE PATENT (print or ty data will appear on the p IT a substitute for filing an (B) RESIDENCE: (CIT | atent. If an assigne assignment. | | | ocument has been filed for |
| | Pitne | | Stamford, Connecticut | | | | |
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| 4a. The following fee(s) at XI Issue Fee XI Publication Fee (No | small entity discount p | b. Psyment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Psyment by redit card. Form PTO-2038 is attached. ⑤ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16—1885 | | | | | |
| 5. Change in Entity State a. Applicant claims NOTE: The Issue Fee and interest as shown by the re | SMALL ENTITY state | is. See 37 CFR 1.27. | ☐ b. Applicant is no lor | ger claiming SMAL | L ENT | ITY status. See 37 CF | |
| Authorized Signature /Charles R, Malandra, Jr./ Date January 16, 2008 | | | | | | | |
| Typed or printed name Charles R. Malandra, Jr. Registration No. 31,038 | | | | | | | |

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